

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90028 016 \*\*\*150.00

**DOCUMENT # P97000000826**

1. Entity Name  
**GROVES SWIMMING POOL SERVICE, INC.**



Principal Place of Business      Mailing Address  
**1161 TWIN OAK COURT**      **1161 TWIN OAK COURT**  
**MARCO ISLAND FL 34145**      **MARCO ISLAND FL 34145**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0719787**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

1st MOORE      CR2E034 (10/05)



6. Name and Address of Current Registered Agent  
**GROVES, RONALD B**  
**1161 TWIN OAK COURT**  
**MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *Ronald B Groves*      DATE **3-30-06**

Signature typed or printed name of registered agent and use if applicable      (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GROVES, RONALD B	
STREET ADDRESS	1161 TWIN OAK CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GROVES, JAMES L	
STREET ADDRESS	1161 TWIN OAK CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GROVES, JACQUELINE M	
STREET ADDRESS	1161 TWIN OAK CT.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jacqueline Groves*      **JACQUELINE GROVES**      **4-15-06**      **239 642 9372**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #